Welcome,

The Annual Seasonal Influenza Vaccination Campaign is a major priority DoD-wide. Our goal is to collaborate, facilitate, streamline and synchronize our processes and efforts in order to provide value to Army, Navy and Air Force Medicine, our MTFs, and eMSMs in achieving our Quad Aim. To assist your clinic in efficiently executing an influenza vaccination campaign, we have combined various templates and forms into one downloadable document. We thank you and applaud your efforts in the tireless struggle to ensure vaccination rates remain high and doing all you can to ensure adequate protection is provided against seasonal influenza every year.

The Seasonal Influenza Toolkit is designed to aid you in a successful campaign to raise the level of awareness and participation for service members and families. As we fortify our relationship with the Services, we are proud to partner with you and have developed tools to aid you in this endeavor. Please visit our Seasonal Influenza Resource Center at www.health.mil/vaccines to review the resources available.

Again, thanks for partnering with us in raising the awareness and participation.

Sincerely,

The Defense Health Agency Immunization Healthcare Branch (DHA IHB)

Table of Contents

INFORMATION PAPER

DHA-IHB
1 August 2016

SUBJECT: Influenza Infection and Influenza Vaccines

1. Purpose. To describe influenza disease and supporting vaccines to prevent its spread.

2. Facts.

a. Microbiology. Influenza viruses are divided into three genera, *Influenzavirus* A, *Influenzavirus* B, and *Influenzavirus* C based on antigenic differences. *Influenzavirus* A and *Influenzavirus* B cause the most serious human disease. Influenza A viruses are further divided on the basis of the two main surface structures, hemagglutinin (HA) and neuraminidase (NA). Hemagglutinin is the major antigen (structure) against which the host's protective antibody response is directed and is responsible for attachment of influenza viruses to the cell surface during early stages of infection. Neuraminidase is less abundant on the viral surface and facilitates release of mature virus from infected cells. Antibody to NA is believed to restrict virus spread and reduce severity of the influenza infection. The capacity of influenza A and B viruses to undergo gradual mutation in their HA and NA proteins, complicates vaccination against the disease. This ongoing process of "antigenic drift" produces continual novel influenza strains that ensure a constant pool of susceptible hosts, resulting in seasonal influenza. Annual review is required to keep up with continually changing influenza viruses and ensure the seasonal influenza vaccine formulation includes the most recently circulating influenza strains.

b. Disease. Influenza is a contagious respiratory illness caused by influenza viruses. The virus is spread through aerosolized respiratory droplets during close contact with an infected person or animal or through contact with a contaminated object. The incubation period is commonly 2 days, but ranges from 1-4 days. Due to this short incubation period, influenza outbreaks may escalate very quickly, especially in highly susceptible populations. Influenza illness is characterized by the abrupt start of fever, sore throat, headache, myalgia, non-productive cough and extreme fatigue with major symptoms lasting an average of 2-3 days. Fever usually ranges between 100° and 104° F. Illness typically improves within a week, but cough and malaise may persist for 2 or more weeks. The most common complications of influenza is pneumonia but may include exacerbation of underlying chronic pulmonary and cardiopulmonary diseases, such as chronic obstructive pulmonary disease, asthma, and congestive heart failure.

c. Epidemiology. In temperate climates, influenza activity occurs during the late autumn and winter months. However, in tropical climates, influenza can occur year round. During influenza seasons, an estimated 5-20% of the U.S. population can develop influenza; within institutions such as nursing homes an infection rate of 40-50%

is not unusual. In communities, influenza cases often appear first among school-age children. Infection rates usually are the highest in this group; whereas rates of serious disease and complications are highest among the elderly, the very young, and those with certain underlying chronic conditions. In the U.S., influenza results in an estimated 25 million reported cases, over 150,000 hospitalizations due to serious complications, and up to 30,000 deaths annually.

d. Strains. Each year the strains prevalent in laboratory samples are submitted and scientists at the World Health Organization use this information to estimate which types and strains of influenza virus will most likely circulate during the next influenza season. The identified strains are then used in the annual influenza vaccine formulation. The 2016-17 influenza vaccine strains are: A/California/7/2009 (H1N1), A/Hong Kong/4801/2014 (H3N2), and B/Brisbane/60/2008. The additional strain for quadrivalent vaccines is B/Phuket/3073/2013.

e. Vaccine. Multiple varieties of influenza vaccine are distributed in the United States. All influenza vaccine must be stored in a refrigerator between 2-8°C (36-46°F) upon receipt and until use before the expiration date on the package/vial/sprayer label.

(1) Injectable: All trivalent and quadrivalent inactivated influenza vaccine (IIV3/IIV4), cell culture-based (ccIIV3), and recombinant hemagglutinin (RIV3) are administered by intramuscular injection. One IIV4 version uses a very small needle which allows for intradermal (under the skin) injection.

(2) Intranasal: Live, attenuated (weakened) influenza vaccine, quadrivalent (LAIV4) vaccine is administered into each nostril of the nose.

f. DOD Procured Vaccines: The following trivalent and quadrivalent, inactivated, injectable influenza vaccines, and live attenuated intranasal vaccine were purchased for the 2016-17 influenza season:

(1) Fluzone® Pediatric (IIV4) [Sanofi-Pasteur] is licensed for immunization of persons 6 – 35 months of age. All single-dose syringes are preservative and latex free. This vaccine does contain small amounts of egg and gelatin protein.

(2) FluLaval® (IIV4) [Glaxo-Smith-Kline] is licensed for immunization of persons 3 years and older. The multi-dose vials contain preservative but are latex free. The vial must be discarded 28 days after puncture.

(3) Fluarix® (IIV4) [Glaxo-Smith-Kline] is licensed for immunization of persons aged 3 years and older. The single-dose syringes are preservative and latex free. This vaccine does contain a small amount of egg protein.

(4) Afluria® (IIV3) [CSL] is licensed for immunization of persons aged 5 years and older; however, the Advisory Committee on Immunization Practices (ACIP) guidelines recommend that Afluria® be used in persons aged 9 years and older due to

the increased risk of febrile seizure noted in children 6 months to 8 years of age. The single-dose syringes and multi-dose syringes are latex free. However, the multi-dose vials contain a preservative. This vaccine does contain a small amount of egg protein. The multi-dose vial must be discarded 28 days after puncture.

g. Immunization. ACIP continues to recommend annual influenza vaccinations for all persons 6 months of age and older. Protection of persons at higher risk for influenza related complications should continue to be a focus of vaccination efforts to include children 6 months through 4 years, those aged 50 years and older, pregnant women, those with chronic health conditions and/or who are immunosuppressed. Due to concerns over poor efficacy, the ACIP did not recommend LAIV for use this season (2016-2017). ACIP's full summary of vaccination recommendations is noted in the annual MMWR.

h. Adverse Events. Local reactions are the most common side effects after administration of IIV. Reactions include soreness, redness and swelling and generally last 1-2 days. Systemic reactions include fever, chills, muscle aches and fatigue. Side effects after receipt of LAIV include cough, runny nose, nasal congestion, sore throat, and chills. Hypersensitivity to vaccine components to include egg protein is rare, but may occur.

i. DOD Policy. Influenza vaccination is mandatory for all Active Duty, Guard, and Reserve component personnel and will be administered in accordance with Service-specific guidelines and immunization regulation. In accordance with HA Policy 08-005 "Policy for Mandatory Seasonal Influenza Immunization for Civilian Health Care Personnel Who Provide Direct Patient Care in Department of Defense Military Treatment Facilities," dated April 4, 2008, requires all civilian HCP who provide direct patient care in MTFs to be immunized against seasonal influenza infection each year as a condition of employment, unless there is a documented medical or religious reason not to be immunized.

3. References.

a. Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2016–17 Influenza Season.

b. Multiple resources (e.g., package inserts, Vaccine Information Statements, DOD and Service-specific policies) assembled by DHA-PHD-IHB: www.health.mil/flu.

IHB Education Office: (877) 438-8222

Approved by: Chief, Clinical Services Office

INFORMATION PAPER

DHA-IHB
18 October 2016

SUBJECT: Influenza Vaccines for Adults 65 Years and Older

1. Purpose. To provide guidance to health care providers on discussing the annual influenza vaccination with persons aged 65 years and older.

   a) Annual influenza vaccination for adults 65 years and over is especially important because they are at high risk for complications from influenza. People 65 years and older may receive any injectable vaccine approved for this age group. The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) have not expressed a preference for any flu vaccine indicated for people 65 years and older.

   b) The Department of Defense (DoD) is dedicated to providing influenza immunization to beneficiaries and endorses the importance of annual influenza vaccination as a primary intervention to protect our population.

   c) Multiple vaccines are approved for people 65 years and older for the 2016-2017 season:

      - Inactivated Influenza Vaccine, quadravalent (IIV4)
        - Fluarix Quadrivalent (GlaxoSmithKline)
        - Flulaval Quadrivalent (ID Biomedical Corp. of Quebec (distributed by GlaxoSmithKline))
        - Fluzone Quadrivalent (Sanofi Pasteur)
        - Flucelvax Quadrivalent (Seqirus)
      - Inactivated Influenza Vaccine, trivalent (IIV3)
        - Afluria (Seqirus)
        - Fluvirin (Seqirus)
      - Adjuvanted Inactivated Influenza Vaccine, trivalent (aIIV3)
        - Fluad (Seqirus)
      - Inactivated Influenza Vaccine, trivalent (IIV3, High Dose)
        - Fluzone High-Dose (Sanofi Pasteur)
      - Recombinant Influenza Vaccine, trivalent (RIV3)
        - Flublok (Protein Sciences)
      - There are two vaccines designed specifically for people 65 years and older, Fluzone High Dose (IIV3) and Fluad (aIIv3).

        - Fluzone High Dose (HD) (IIV3, Sanofi Pasteur)
          - Received licensure from the Food and Drug Administration in 2009
          - Contains four times more antigen (the part of the vaccine that prompts the body to make antibody) than regular influenza vaccines.

        - A higher dose of antigen in the vaccine is supposed to give older people a better immune response, and therefore, better protection against flu.
    - Data from clinical trials indicate higher antibody levels are produced, but whether or not the these higher levels lead to greater protection is the topic of ongoing research
        - Results from a clinical trial of more than 30,000 participants showed that adults 65 years and older who received the high dose vaccine had 24% fewer influenza infections as compared to those who received the standard dose flu vaccine. The confidence interval for this result was 9.7% to 36.5%.
    - Based on CDC/ACIP recommendations, Fluzone High Dose is an acceptable alternative to other vaccines licensed for people 65 years and older. There is no preferential recommendation made for any flu vaccine formulation for this age group.

- Fluad (aIIV3, Seqirus)
    - Received licensure from the Food and Drug Administration in 2015; this vaccine is new for this season
    - Standard-dose, three-component (trivalent) inactivated flu vaccine that contains an adjuvant, MF59
        - An adjuvant is an ingredient added to a vaccine that helps create a stronger immune response to vaccination.
        - MF59 is an oil-in-water emulsion of squalene oil. Squalene, a naturally occurring substance found in humans, animals and plants, is highly purified for the vaccine manufacturing process.
    - Studies have found that antibody levels were comparable to levels induced by unadjuvanted trivalent seasonal flu vaccines (e.g., Agriflu).
        - An observational study conducted in Canada found that FLUAD was significantly more effective in preventing laboratory-confirmed influenza compared with an unadjuvanted standard-dose inactivated influenza vaccine.
        - There are no studies comparing FLUAD and Fluzone HD
    - Based on CDC and ACIP recommendations, FLUAD is now an acceptable alternative to other vaccines licensed for people 65 years and older. There is no preferential recommendation made for any flu vaccine formulation for this age group.

- The high dose and adjuvanted flu vaccines may result in more mild side effects than those that can occur with standard-dose seasonal shots. Mild side effects can include pain, redness or swelling at the injection site, headache, muscle ache and malaise.

2. Preventive Medicine representatives of each Service decide annually which influenza vaccines will be included in bulk vaccine procurement under the DoD Annual Influenza Program; the annual selection is based on CDC/ACIP recommendations.

- For the 2016-2017 season, Fluzone Pediatric (IIV4, 6 through 35 months), FluLaval (IIV4, ≥3 yrs), Fluarix (IIV4, ≥3 yrs), Afluria (IIV3, ≥9 yrs) were selected for bulk contract procurement.
- The bulk procurement of influenza vaccine is selected to meet the needs of Medical Treatment Facilities (MTFs) in protecting military and beneficiary populations with approved and recommended influenza vaccine.
- DoD MTFs can order vaccines not included in bulk procurement through the Defense Logistics Agency Troop Support Medical Direct Vendor Delivery program, via Military Standard Requisitioning and Issue Procedures (DHA-IPM 16-002).
- TRICARE pharmacy benefits cover all CDC/ACIP recommended influenza vaccines at participating network pharmacies.
    - Only vaccines given by a pharmacist are covered by the pharmacy benefit for free; if a vaccine is administered by a provider at an onsite clinic, the beneficiary may have to pay the entire cost.

3. Key Points
    - Annual influenza vaccination is important for people aged 65 years and older.
    - There is no CDC/ACIP preferential recommendation made for any flu vaccine formulation for people aged 65 years and older.
    - The CDC/ACIP will continue to review available evidence regarding possible increased protection by vaccines designed specifically for this population (Fluzone HD (IIV3) and Fluad (aIIV3)); evidence is not yet sufficient to recommend any one vaccine over others for this population.
    - The DoD Influenza Program bulk procurement provides three recommended vaccines for people aged 65 years and older: FluLaval (IIV4, ≥3 yrs), Fluarix (IIV4, ≥3 yrs), Afluria (IIV3, ≥9 yrs).

Approved by: Deputy Chief, IHB

Flu vaccines are among the safest medical products in use. Hundreds of millions of Americans have safely received flu vaccines over the past 50 years, and there has been extensive research supporting the safety of flu vaccines. For more information on safety, please visit www.health.mil/vaccinesafety.

There are no Food and Drug Administration (FDA) approved influenza vaccines being manufactured with fetal cell line cultures; therefore, the DoD influenza vaccines purchased and in use are not manufactured using this process.

DoD Centrally Contracted 2016 – 2017 Seasonal Influenza Vaccines

Manufacturer	Trade Name	Presentation	Age Group	Influenza Vaccine Components
Seqirus, Inc. (formerly bioCSL and Novartis)	Afluria (IIV3)	0.5 mL single-dose prefilled syringe 5 mL multi-dose vial	≥ 9 yrs	beta-propiolactone, *thimerosol (multi-dose vials only)*, monobasic sodium phosphate, dibasic sodium phosphate, monobasic potassium phosphate, potassium chloride, calcium chloride, sodium taurodeoxycholate, neomycin sulfate, polymyxin B, egg protein, sucrose
GlaxoSmithKline	Fluarix (IIV4)	0.5 mL single-dose prefilled syringe	≥ 3 yrs	Egg protein, gentamicin sulfate, formaldehyde; caps of pre-filled syringes may contain natural rubber latex
ID Biomedical Corp of Quebec (subsidiary of GSK)	FluLaval (IIV4)	5 mL multi-dose vial4	≥ 3 yrs	Egg protein, formaldehyde, thimerosal, sodium deoxycholate, phosphate buffer
Sanofi Pasteur	Fluzone (IIV4)	0.25 mL single-dose prefilled syringe	6-35 mos	Egg protein, Sodium phosphate-buffered isotonic sodium chloride Solution, Formaldehyde, Octylphenol ethoxylate

Influenza Vaccine Product List and Age Groups --- United States, 2016-2017 Season[1]

(DOD contracted vaccines are highlighted and bolded)

Manufacturer	Trade Name	Presentation	Mercury (thimerosal) µg/0.5 mL	Ovalbumin µg/0.5 mL	Age Group	CVX	CPT
Seqirus, Inc. (formerly bioCSL and Novartis)	**Afluria[1] (IIV3)**	**0.5 mL single-dose prefilled syringe**	0.0	< 1	≥ 9 yrs[2]	140	90656
		5 mL multi-dose vial[3,4]	24.5	< 1		141	90658
	Fluvirin[1] (IIV3)	0.5 mL single-dose prefilled syringe (latex in tip caps)	≤ 1	≤ 1	≥ 4 yrs	140	90656
		5 mL multi-dose vial	25.0	≤ 1		141	90658
	Flucelvax[1] (ccIIV4)	0.5 mL single-dose prefilled syringe	0.0	††		171	90674
	Fluad[1,5] (IIV3)	0.5 mL single-dose prefilled syringe (latex in tip caps)	0.0	< 0.4	≥ 65 yrs	168	90653
GlaxoSmithKline	**Fluarix[1] (IIV4)**	**0.5 mL single-dose prefilled syringe**	0.0	≤ 0.05	≥ 3 yrs	150	90686
ID Biomedical Corp of Quebec (subsidiary of GSK)	**FluLaval[1] (IIV4)**	0.5 mL single-dose prefilled syringe	0.0	≤ 0.3	≥ 3 yrs	150	90686
		5 mL multi-dose vial[4]	< 25.0	≤ 0.3		158	90688
Sanofi Pasteur	**Fluzone[1] (IIV4)**	**0.25 mL single-dose prefilled syringe**	0.0	§§	6-35 mos	161	90685
		5 mL multi-dose vial	12.5 (0.25 mL)	§§		158	90687
		0.5 mL single-dose prefilled syringe	0.0	§§	≥ 3 yrs	150	90686
		0.5 mL single-dose vial	0.0	§§		150	90686
		5 mL multi-dose vial	25.0	§§		158	90688
	Fluzone Intradermal[1,7] (IIV4)	0.1 mL single-dose prefilled microinjection system[8]	0.0	§§	18-64 yrs	166	90630
	Fluzone High-Dose[1,6] (IIV3)	0.5 mL single-dose prefilled syringe	0.0	§§	≥ 65 yrs	135	90662
Protein Sciences	FluBlok[1] (RIV3)	0.5 mL single-dose vial	0.0	0.0	≥ 18 yrs	155	90673
MedImmune	FluMist[1,9] (LAIV4)	0.2 mL single-dose prefilled intranasal sprayer	0.0	≤0.24 (0.2 ml)	2-49 yrs	149	90672

1. Immunization providers should check Food and Drug Administration approved prescribing information for 2016-17 influenza vaccines for the most complete and updated information, including (but not limited to) indications, contraindications, warnings, and precautions. Package inserts for U.S. licensed vaccines are available at www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm.
2. In 2010, ACIP recommended not to use Afluria® in children younger than age 9 years (age indication per package insert is ≥ 5 years). If no other age-appropriate IIV is available, consider administering Afluria®, for a child aged 5 through 8 years at high risk for influenza complications, after discussing risks and benefits with the parent or guardian. Do not use Afluria® in children younger than age 5 years. This recommendation continues for the 2016-2017 influenza season.
3. The Food and Drug Administration has approved Afluria® for intramuscular administration with the PharmaJet Stratis Needle-Free Injection System for persons age 18 through 64 years.
4. Once entered, discard multi-dose vial and any residual contents, after 28 days.
5. Fluad® includes the adjuvant MF-59.
6. Trivalent inactivated vaccine high-dose: a 0.5-mL dose contains 60 µg of each vaccine antigen (180 µg total).
7. Quadrivalent inactivated influenza vaccine, Intradermal: a 0.1-mL dose contains 9 µg of each vaccine antigen (36 µg total).
8. Administer Fluzone Intradermal Quadrivalent using the delivery system included with the vaccine. The preferred injection site is over the deltoid muscle.
9. At the 22 June 2016 ACIP meeting, ACIP recommended that FluMist® not be used for the 2016-2017 influenza season.

†† Information not included in package insert. The vaccine viruses is produced in cell culture. While the vaccine is not manufactured in eggs, the seed viruses did pass through eggs so ccIIV4 is not considered "egg-free." Estimated to contain <50 femtograms (5x10-8 µg) of total egg protein (of which ovalbumin is a fraction) per 0.5 mL dose of Flucelvax®.

§§ Available upon request from Sanofi Pasteur (1-800-822-2463 or MIS.emails@sanofipasteur.com).

2016-2017 Adult Influenza Vaccine Screening Questions

For patients to be vaccinated: The following questions will help us determine if there is any reason we should not give you the influenza vaccination today.

If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked.

If a question is not clear, please ask your healthcare provider to explain it.

PATIENT NAME (please print)	**Age**	**FMP/ Last 4 sponsors SSN**
Date of Birth: (MM/DD/YY)		

Mark answers by checking "YES" or "NO" for questions 1-4	**YES**	**NO**
1. Are you sick or do you have a fever today?		
2. Do you have an allergy to a component of the vaccine?		
3. Have you ever had a serious reaction to influenza vaccine in the past?		
4. Have you ever had Guillain-Barré Syndrome (GBS)?		

- ✓ I have read the above information and have truthfully answered all of the questions on this form.
- ✓ I have received a copy of the Vaccine Information Sheet (VIS) for each vaccine administered today.
- ✓ I have had the chance to ask questions and fully understand the benefits and risks of each vaccination.
- ✓ Questions answered "yes" *may* need further explanation.

Signature of Person to Receive Vaccine **Date**	**Signature/Stamp/Print name/Title of Vaccinator** **Date**

Adapted from Immunization Action Coalition (IAC), Technical content reviewed by the Centers for Disease Control and Prevention

Influenza Vaccine Inactivated (IIV) or Recombinant (RIV3)

1.	**Is the person to be vaccinated sick or do they have a fever today?** There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution, people with an acute febrile illness should not be vaccinated until their symptoms have improved. Minor illnesses with or with-out fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.
2.	**Does the person to be vaccinated have an allergy to component of the vaccine?** Patients reporting a serious reaction to a previous dose of influenza vaccine should be asked to describe their symptoms. A history of anaphylactic reaction to a previous dose of vaccine or vaccine component is a contraindication to further vaccination against influenza. Mild-to-moderate systemic reactions (e.g., fever, malaise, myalgia, and other systemic symptoms) are not contraindications to vaccination. Also, red eyes or mild upper facial swelling following vaccination with influenza vaccine are most likely a coincidental event and not related to the vaccine; these people can receive influenza vaccine without further evaluation.
3.	**Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?** Patients reporting a serious reaction to a previous dose of influenza vaccine should be asked to describe their symptoms. Immediate – presumably allergic – reactions are usually a contraindication to further vaccination against influenza. Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccinees. These mild-to-moderate local reactions are not a contraindication to future vaccination. Also, red eyes or mild upper facial swelling following vaccination with inactivated injectable influenza vaccine is most likely a coincidental event and not related to the vaccine; these people can receive injectable vaccine without further evaluation.
4.	**Has the person to be vaccinated ever had Guillain-Barré syndrome?** It is prudent to avoid vaccinating people who are not at high risk for severe influenza complications and who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. This person should be referred to supervising licensed provider for further guidance

Standing Order for Administering Influenza Vaccine to Adults, 2016-2017

Purpose: To reduce morbidity and mortality from influenza by vaccinating adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) and the Department of Defense (DoD).

Policy: Under these standing orders, and with documented 2016-2017 seasonal influenza vaccination training, eligible nurses and other healthcare professionals working within their scope-of-practice may vaccinate adult patients who meet the criteria below.

Procedure:

1. Provide influenza vaccine for all persons ≥18 years who do not have contraindications and have no history of influenza vaccination for the current influenza season.

2. Screen all patients for contraindications and precautions to influenza vaccine:

   a. **Contraindications:**
   - History of severe allergic reaction after previous dose of any influenza vaccine† or to any component of the vaccine. (See notes on egg allergy potential influenza vaccine allergens, below.)

   b. **Precautions:**
   - Moderate to severe illness with or without fever
   - History of Guillain Barré syndrome within 6 weeks of receipt of influenza vaccination

3. Influenza Vaccination of Persons with a History of Egg Allergy

   a. Persons with a history of egg allergy who have experienced only hives after exposure to egg symptoms should receive influenza vaccine. Any licensed and recommended influenza vaccine (i.e., any age-appropriate IIV or RIV3) that is otherwise appropriate for the recipient's age and health status may be used.

   b. Persons with a history of egg allergy who have experienced symptoms other than hives, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention, may receive any licensed and recommended influenza vaccine (i.e., any age-appropriate IIV or RIV3) that is otherwise appropriate for the recipient's age and health status. The selected vaccine should be administered in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices). Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic conditions.

   c. A previous severe allergic reaction to influenza vaccine, regardless of the component suspected of being responsible for the reaction, is a contraindication to future receipt of the vaccine. A previous severe allergic reaction to influenza vaccine requires evaluation by an experienced Allergist to determine the causal component.

4. Provide all patients with a copy of the most current Vaccine Information Statement (VIS).If available, provide non-English-speaking patients with a VIS copy in their native language, found at www.cdc.gov/vaccines/pubs/vis

5. Vaccine Administration: Administer 0.5 ml injectable inactivated vaccine (IIV) intramuscularly in the deltoid muscle. Use a 22-25g, 1-1 ½" needle. Always shake the syringe and multi-dose vial before withdrawing and administering every dose of vaccine.

6. Document immunizations for service members in AHLTA and the Service Immunization Tracking System (MEDPROS, ASIMS, SAMS, or MRRS). Use AHLTA for beneficiaries. Document required immunization information including: the name of the vaccine, the date vaccine was

administered, the manufacturer, lot number, the dosage, VIS version date, and the name of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt of the vaccine (e.g., medical contraindication, patient refusal, medical temporary exemption).

7. Be prepared to manage a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

8. Report all rare or unexplained adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

9. Report any vaccine administration errors to the Clinic's Patient Safety Reporting System.

10. This policy and procedure shall remain in effect for all patients of the _____ clinic for one year, until rescinded, and/or upon a change in medical director, whichever is earlier.

Table: Potential Influenza Vaccine Allergens

Vaccine Product (manufacturer)	Potential Influenza Vaccine Allergens
IIV3: Afluria, Pre-filled syringe (Seqirus)	Egg protein*, neomycin sulfate, polymyxin B
IIV3: Afluria, Multi-dose vial (Seqirus)	Egg protein*, neomycin sulfate, polymyxin B, thimerosal
IIV4: Fluarix, Pre-filled syringe (GSK)	Egg protein*, gentamicin sulfate, formaldehyde; caps of pre-filled syringes may contain natural rubber latex
IIV4: FluLaval, Multi-dose vial (GSK)	Egg protein*, formaldehyde, thimerosal
RIV3: FluBlok, Single-dose vial (Protein Sciences)	Baculovirus and Spodoptera frugiperda cell proteins
ccIIV4: Flucelvax, Pre-filled syringe (Seqirus)	Egg protein**, DNA and cell protein; caps of pre-filled syringes may contain natural rubber latex

* Ovalbumin content is < 1.2 mcg/ml (below allergy trigger threshold)
** Ovalbumin content is < 100 femtograms/ml (far below allergy trigger threshold)

Medical Director's signature:_____Effective date: _____

Printed Name and Title: _____

2016-2017 Pediatric Influenza Vaccine Screening Questions

For parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give your child the influenza vaccination today.

If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked.

If a question is not clear, please ask your healthcare provider to explain it.

PATIENT NAME (please print)	**Age**	**FMP/ Last 4 sponsors SSN**
Date of Birth: (MM/DD/YY)		

Mark answers by checking "YES" or "NO" for questions 1-5	**YES**	**NO**
1. If your child is between 6 months and 8 years of age, has your child received at least 2 doses of flu vaccine before 1 July 2016?		
2. Does your child feel sick or have a fever today?		
3. Does your child have an allergy to a component of the vaccine?		
4. Has your child ever had a serious reaction to influenza vaccine in the past?		
5. Does your child have a history of Guillain-Barré Syndrome (GBS)?		

- ✓ I have read the above information and have truthfully answered all of the questions on this form.
- ✓ I have received a copy of the Vaccine Information Sheet (VIS) for each vaccine administered today.
- ✓ I have had the chance to ask questions and fully understand the benefits and risks of each vaccination.
- ✓ Questions answered "yes" *may* need further explanation.

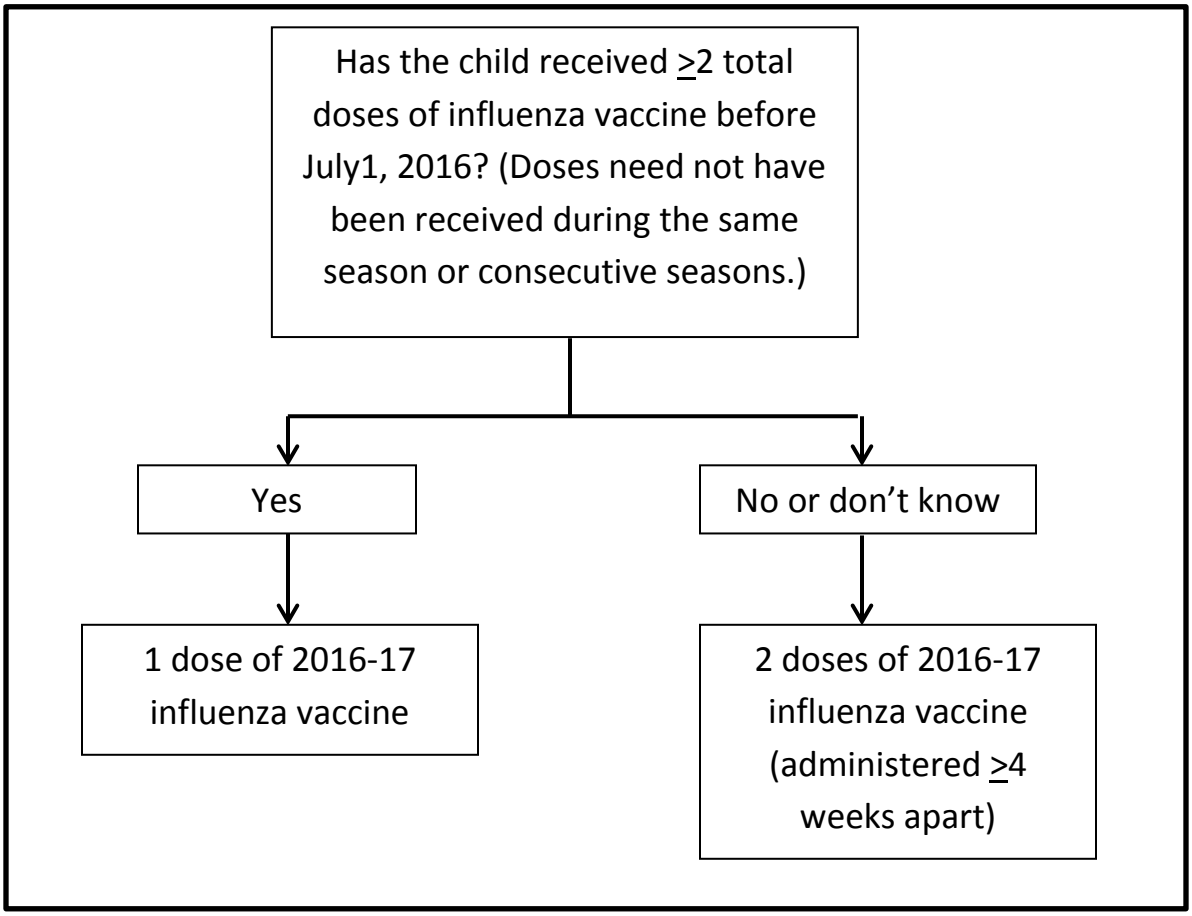
Signature of Parent of child receiving vaccine **Date**	**Signature/Stamp/Print name/Title of Vaccinator** **Date**

Adapted from Immunization Action Coalition (IAC), Technical content reviewed by the Centers for Disease Control and Prevention

Information for Healthcare Professionals about the 2016-2017 Screening Checklist for Influenza Vaccination

1.	**If the person to be vaccinated is between age 6 months and 8 years of age, have they received at least 2 previous doses of influenza vaccines before July 1, 2016?** Evidence from several studies indicates that children aged 6 months through 8 years require 2 doses of influenza vaccine (administered a minimum of 4 weeks apart) during their first season of vaccination for optimal protection. Because of the change in vaccine composition for the 2016–17 season, children aged 6 months through 8 years will need to have received ≥2 doses of influenza vaccine previously to require only 1 dose for the 2016–17 season. For 2016–17, ACIP recommends that children aged 6 months through 8 years who have previously received ≥2 total doses of trivalent or quadrivalent influenza vaccine before July 1, 2016 require only 1 dose for 2016–17. The two previous doses need not have been given during the same season or consecutive seasons. Children in this age group who have not previously received a total of ≥2 doses of trivalent or quadrivalent influenza vaccine before July 1, 2016 require 2 doses for the 2016–17 season. The interval between the 2 doses should be at least 4 weeks (Figure 1).
2.	**Is the person to be vaccinated sick or do they have a fever today?** There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution, people with an acute febrile illness should not be vaccinated until their symptoms have improved. Minor illnesses with or with-out fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.
3.	**Does the person to be vaccinated have an allergy to component of the vaccine?** Patients reporting a serious reaction to a previous dose of influenza vaccine should be asked to describe their symptoms. A history of anaphylactic reaction to a previous dose of vaccine or vaccine component is a contraindication to further vaccination against influenza. Mild-to-moderate systemic reactions (e.g., fever, malaise, myalgia, and other systemic symptoms) are not contraindications to vaccination. Also, red eyes or mild upper facial swelling following vaccination with influenza vaccine are most likely a coincidental event and not related to the vaccine; these people can receive influenza vaccine without further evaluation.
4.	**Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?** Patients reporting a serious reaction to a previous dose of influenza vaccine should be asked to describe their symptoms. Immediate – presumably allergic – reactions are usually a contraindication to further vaccination against influenza. Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccinees. These mild-to-moderate local reactions are not a contraindication to future vaccination. Also, red eyes or mild upper facial swelling following vaccination with inactivated injectable influenza vaccine is most likely a coincidental event and not related to the vaccine; these people can receive injectable vaccine without further evaluation.
5.	**Has the person to be vaccinated ever had Guillain-Barré syndrome?** It is prudent to avoid vaccinating people who are not at high risk for severe influenza complications and who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. This person should be referred to supervising licensed provider for further guidance.

FIGURE 1: Influenza vaccine dosing algorithm for children aged 6 months through 8 years - Advisory Committee on Immunization Practices, United States, 2016–17 influenza season
https://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_w#F1_down



Standing Order for Administering Influenza Vaccine to Children and Adolescents, 2016-2017

Purpose: To reduce morbidity and mortality from influenza by vaccinating children and adolescents who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) and the Department of Defense (DoD).

Policy: Under these standing orders, and with documented 2016-2017 seasonal influenza vaccination training, eligible nurses and other healthcare professionals working within their scope-of-practice may vaccinate children and adolescent patients who meet the criteria below.

Procedure:

1. Provide influenza vaccine for all persons 6 months and older who do not have contraindications and have no history of influenza vaccination for the current influenza season.

2. Screen all patients for contraindications and precautions to influenza vaccine:

   a. **Contraindications:**
      - History of severe allergic reaction after previous dose of any influenza vaccine[†] or to any component of the vaccine. (See notes on egg allergy and Table on potential influenza vaccine allergens, below.)

   b. **Precautions:**
      - Moderate to severe illness with or without fever
      - History of Guillain Barré syndrome within 6 weeks of receipt of influenza vaccination

3. Influenza Vaccination of Persons with a History of Egg Allergy

   a. Persons with a history of egg allergy who have experienced only hives after exposure to egg symptoms should receive influenza vaccine. Any licensed and recommended influenza vaccine (i.e., any age-appropriate IIV or RIV3) that is otherwise appropriate for the recipient's age and health status may be used.

   b. Persons with a history of egg allergy who have experienced symptoms other than hives, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention, may receive any licensed and recommended influenza vaccine (i.e., any age-appropriate IIV) that is otherwise appropriate for the recipient's age and health status. The selected vaccine should be administered in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices). Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic conditions.

   c. A previous severe allergic reaction to influenza vaccine, regardless of the component suspected of being responsible for the reaction, is a contraindication to future receipt of the vaccine. A previous severe allergic reaction to influenza vaccine requires evaluation by an experienced Allergist to determine the causal component.

4. Provide all patients (or, in the case of a minor, the patient's parent or legal guardian) with a copy of the most current Vaccine Information Statement (VIS).If available, provide non-English-speaking patients with a VIS copy in their native language, found at www.cdc.gov/vaccines/pubs/vis .

5. Vaccine Administration:

   a. See Figure 1 to determine the number of doses appropriate for the child in the current influenza season.

      - Children ages 6 months to 8 years who are receiving seasonal influenza vaccine for the first time, or whose prior influenza vaccine history is unknown, should

receive **2 doses** of seasonal influenza vaccine. These doses should be separated by at least 4 weeks. Any appropriate influenza vaccine may be used for either dose.

- Children ages 6 months to 8 years who have received two or more doses of seasonal influenza vaccine in the past (before 01 July 2016), and all children and adolescents ages 9 to 18 years, should receive **1 dose** of seasonal influenza vaccine.

b. Age appropriate dosing and administration considerations

- For children ages 6-35 months, administer **0.25 ml of IIV4 (Fluzone only)**. Administer intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass) or in the deltoid muscle (for toddlers or children). Use a 22–25g needle. Choose needle length appropriate to the child's age and body mass. Always shake the syringe before administering every dose of vaccine.

- Administer **0.5 ml of IIV3 or IIV4** for those 3 years of age and older**.** Administer intramuscularly in the deltoid muscle (for toddlers, children, and teens). Use a 22–25g needle. Choose needle length appropriate to the child's age and body mass. Always shake the syringe, single-dose vial, or multi-dose vial before withdrawing and administering every dose of vaccine.

- Administer **0.5 ml of ccIIV4** for those 4 years of age and older. Administer intramuscularly in the deltoid muscle (for toddlers, children, and teens). Use a 22–25g needle. Choose needle length appropriate to the child's age and body mass. Always shake the syringe, single-dose vial, or multi-dose vial before withdrawing and administering every dose of vaccine.

6. Document immunizations in AHLTA. Document required immunization information including: the name of the vaccine, the date vaccine was administered, the manufacturer, lot number, the dosage, VIS version date, and the name of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt of the vaccine (e.g., medical contraindication, patient refusal, medical temporary exemption).

7. Be prepared to manage a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

8. Report all rare or unexplained adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

9. Report any vaccine administration errors to the Clinic's Patient Safety Reporting System.

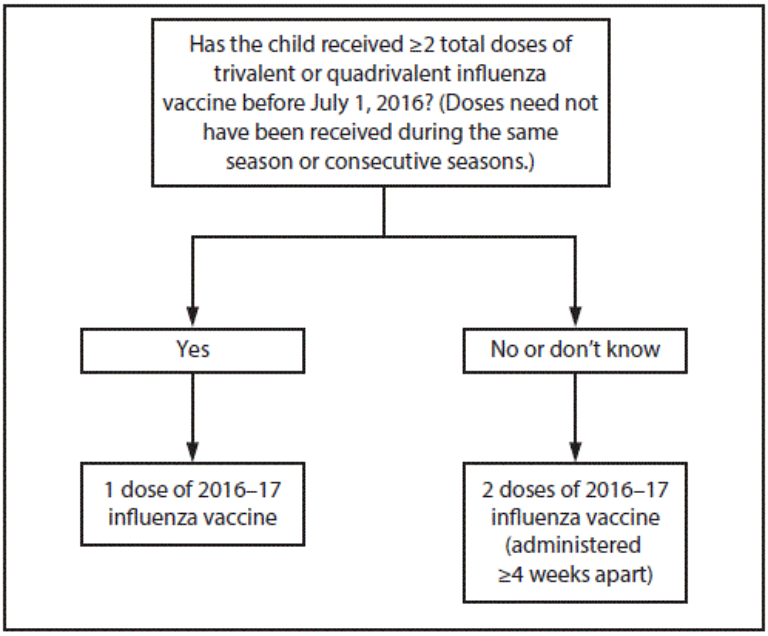
10. This policy and procedure shall remain in effect for all patients of the _____ clinic for one year, until rescinded, and/or upon a change in medical director, whichever is earlier.

Table: Potential Influenza Vaccine Allergens

Vaccine Product (manufacturer)	Potential Influenza Vaccine Allergens
IIV4: Fluzone, 0.25 ml Pre-filled syringe (Sanofi)	Egg protein*, formaldehyde
IIV3: Afluria, Pre-filled syringe (Seqirus)	Egg protein**, neomycin sulfate, polymyxin B
IIV3: Afluria, Multi-dose vial (Seqirus)	Egg protein**, neomycin sulfate, polymyxin B, thimerosal
IIV4: Fluarix, Pre-filled syringe (GSK)	Egg protein**, gentamicin sulfate, formaldehyde; caps of pre-filled syringes may contain natural rubber latex
IIV4: FluLaval, Multi-dose vial (GSK)	Egg protein**, formaldehyde, thimerosal
ccIIV4: Flucelvax, Pre-filled syringe (Seqirus)	Egg protein***, DNA and cell protein; caps of pre-filled syringes may contain natural rubber latex

* Ovalbumin content is 30 mcg/0.25 ml pre-filled syringe
** Ovalbumin content is < 1.2 mcg/ml (below allergy trigger threshold)
*** Ovalbumin content is < 100 femtograms/ml (far below allergy trigger threshold)

Figure: Influenza vaccine dosing algorithm for children aged 6 months through 8 years - Advisory Committee on Immunization Practices, United States, 2016–17 influenza season: https://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_w



Medical Director's signature:_____Effective date: _____

Printed Name and Title: _____

Initial/Annual Competency Assessment Checklist: INJECTABLE INFLUENZA VACCINE ADMINISTRATION

Facility: _____

Position Title: _____ **Trainee Name**: _____

Assessment Start Date: _____ **Assessment Completion Date**: _____

Required Competency or Skill	*Self-Assessment	Orientation (Preceptor Date & Initials)		Validation of Competency			
				+Evaluation Method	Date	Initials	Comments
Customer Service	**CRITICAL THINKING**: *Documents findings appropriately. Recognizes unique age and language communication needs of patient and responds appropriately. Assures the confidentiality of patient information and their rights to privacy (i.e., auditory and visual privacy).*						
A. Greets and identifies patient							
(1) Welcomes patient/family and introduces self							
(2) Assures patient confidentiality and right to privacy							
(3) Validates patient's eligibility							
a. Checks DoD identification card							
b. Confirms patient identification using two personal identifiers such as full name and date of birth							
B. Locates patient's record in immunization tracking system (ITS) and/or AHLTA							
(1) Verifies name, SSN/sponsor's SSN, phone number and address							
(2) Verifies DEERS eligibility and Tricare enrollment status							
C. Children must be accompanied by a parent or legal guardian per local clinic policy							
Patient Screening	**CRITICAL THINKING:** *Recognizes screening requirements and recommendations for vaccinations for all age groups and makes appropriate product selection based on responses. Documents findings appropriately. Recognizes unique age and language communication needs of patient and responds appropriately. Assures the confidentiality of patient information and their rights to privacy (i.e., auditory and visual privacy).*						
A. Screens patient records (i.e., ITS, AHLTA, DEERS, State Immunization Systems, and/or paper medical/shot records) to identify influenza vaccination requirements in accordance with ACIP and Service Specific recommendations							
B. Screens patient for the following contraindications or precautions using a standardized list of questions (either verbally or written) prior to influenza immunization							
(1) Age younger than 6 months							
(2) Allergies to medications, food (eggs, egg protein), or vaccine component (i.e., gelatin, formaldehyde, thimerosal, latex)							
(3) Acute illness, medical condition, or long term health problem (Including but not limited to: compromised immune system, neurological issues, chemotherapy, X-ray treatments in past 3 months, etc.)							
(4) Current medications (Over the counter, Prescription, Herbal supplements, etc.)							
(5) Recent blood products, transfusion, or immune globulin							

Required Competency or Skill	*Self-Assessment	Orientation (Preceptor Date & Initials)	Validation of Competency			
			+Evaluation Method	Date	Initials	Comments
Patient Screening	**CRITICAL THINKING:** *Recognizes screening requirements and recommendations for vaccinations for all age groups and makes appropriate product selection based on responses. Documents findings appropriately. Recognizes unique age and language communication needs of patient and responds appropriately. Assures the confidentiality of patient information and their rights to privacy (i.e., auditory and visual privacy).*					
(6) Administered live vaccines within the last 4 weeks (does not apply to IIV)						
(7) History of adverse reaction(s) following previous dose of any influenza vaccine (i.e., Guillain-Barre)						
C. Verbalizes to patient/parent/guardian the potential expected and rare reactions after influenza vaccination						
(1) Distinguishes between side effects and adverse events to include symptoms, length of duration, and treatment plan						
(2) Mild symptoms after vaccination: soreness, redness, or swelling at vaccination site; fever, fatigue, head, body and muscle aches						
(3) Serious allergic reaction after vaccination: difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, fast heartbeat or dizziness						
(4) Informs patient that possible side effects are usually temporary and what to do if an adverse event occurs (i.e., seek immediate medical attention)						
(5) Documents hypersensitivity to any vaccine, vaccine component, or medication in patient medical records						
(6) Enters Medical/Administrative exemption into DOD approved electronic ITS per health care provider direction when applicable						
Patient Education	**CRITICAL THINKING:** ***Recognizes patient education requirements prior to vaccinations for all age groups and product selection. Documents findings appropriately. Recognizes unique age and language communication needs of patient and provides educational material appropriately.***					
A. Provides required education materials to patient/parent/ guardian						
(1) Current Vaccine Information Statement (VIS) for injectable influenza prior to administration (language appropriate or audio for visually impaired)						
(2) Provide additional educational materials as appropriate						
(3) Allows patient/parent/guardian an opportunity to ask questions and provide additional educational information as needed to address concerns associated with influenza vaccine						
4) Refers patient/parent/guardian to a health care provider for consultation and/or evaluation prior to influenza vaccine administration, if indicated						

Required Competency or Skill	Self-Assessment	Orientation (Preceptor Date & Initials)	Validation of Competency			
			+Evaluation Method	Date	Initials	Comments
Vaccine Administration Procedures	**CRITICAL THINKING**: *Follows manufacturer guidelines. Administers the right vaccine, right dose, and right route, to the right patient at the right time. Understands that the deviation from the recommended route of administration may reduce vaccine effectiveness or increase the risk of local reactions. ** Aspiration before injection of vaccines or toxoids (i.e., pulling back on the syringe plunger after needle insertion, before injection) is not required because no large blood vessels exists at the recommended injection sites.*					
A. Selects appropriate injectable influenza product based on age and screening of patient						
B. Verbalizes understanding of the standing order and package insert for the administration of injectable influenza vaccine to adult and pediatric patients						
C. Gathers required supplies for administering influenza vaccine (i.e., gauze, alcohol pads, bandages, sharps container, etc.)						
D. Follows OSHA and Infection Control practices						
(1) Wash hands with soap and clean water, or use an alcohol-based hand cleaner before and after patient contact						
(2) Wears gloves if skin is broken, open lesions on hands, contact with potentially infectious body fluids, or clinic policy. (Per OSHA guidelines, gloves are not required)						
(3) Ensure gloves are changed between patients (if worn or utilized)						
E. Prepares injectable influenza vaccine for administration						
(1) Removes properly stored influenza vaccine from refrigerator at (2-8°C); Do Not Freeze						
a. Inspects vial/syringe for damage or contamination						
b. Checks vaccine(s) expiration date(s); Double check vial label and contents prior to drawing up						
(2) Multi–dose vial						
a. Removes plastic cap and labels multi-dose vaccine vials with date/time opened and initials						
b. Prior to withdrawing dose agitates (shakes) the vial to mix thoroughly to obtain a uniform suspension						
c. Wipes vaccine vial top with alcohol pad prior to withdrawing dose						
d. Withdraws appropriate dosage from vial						
e. Ensures any opened multi-dose vials without proper labeling of date/time opened, and/or initials be discarded at the end of duty day						
(3) Manufacturer prefilled syringe						
a. Shake prefilled syringe to thoroughly mix contents						
b. Remove tip cap and attach appropriate size needle (if required)						
c. Ensures any manufacturer prefilled syringe with syringe cap removed and/or needle attached is discarded at the end of duty day if not administered						
(4) Maintains aseptic technique throughout vaccine preparation process						
F. Administers injectable influenza vaccine per ACIP/ manufacturer guidelines ensuring proper route, dosage, timing, and indications/contraindications:						
(1) Selects 22-25g needle and appropriate length based on administration route and body size						

Required Competency or Skill	Self-Assessment	Orientation (Preceptor Date & Initials)	Validation of Competency			
			+Evaluation Method	Date	Initials	Comments
Vaccine Administration Procedures	**CRITICAL THINKING**: *Follows manufacturer guidelines. Administers the right vaccine, right dose, and right route, to the right patient at the right time. Understands that the deviation from the recommended route of administration may reduce vaccine effectiveness or increase the risk of local reactions. ** Aspiration before injection of vaccines or toxoids (i.e., pulling back on the syringe plunger after needle insertion, before injection) is not required because no large blood vessels exists at the recommended injection sites.*					
(2) Selects appropriate dose based on age						
a. 6-35 months = 0.25mL						
b. 3 years and older = 0.5mL						
(3) Selects appropriate influenza vaccine based on age						
a. Fluzone Pediatric (IIV4) (6 – 35 months of age)						
b. FluLaval (IIV4) (3 years and older)						
c. Afluria (IIV3) (licensed for 5 years and older; but ACIP recommended for 9 years and older)						
d. Fluarix (IIV4) (3 years and older)						
(4) Selects appropriate anatomical site based on age						
a. Infants and toddlers (lacking adequate deltoid mass); anterolateral aspect of thigh						
b. Toddler/Children/Teens/Adults: the deltoid muscle is recommended for routine intramuscular vaccinations; demonstrates 3 fingers down from acromion process to select proper area						
(5) Preps the site with an alcohol wipe using a circular motion. Allow alcohol to dry.						
(6) Inserts the needle fully into the muscle at a 90o angle (per ACIP aspiration is not required)						
(7) Injects vaccine using steady pressure then withdraws needle at angle of insertion						
(8) Applies light pressure with gauze to injection site for several seconds						
(9) Influenza Vaccine Pediatric Dosing Schedule: • All children 6mo-8yrs who are receiving influenza vaccine for the first time or whose previous vaccination status is unknown should receive two (2) doses of influenza vaccine separated by 4 weeks (any combination of age appropriate influenza vaccine may be used to complete the series) • Those who have received 2 or more doses of trivalent or quadrivalent influenza vaccine during any prior season (s) or children 9 years of age and older should receive 1 dose						
G. Immunization Recordkeeping						
(1) Records immunization(s) accurately in a DOD/ USCGapproved electronic ITS according to Service-specific policy at the time of immunization (or no later than 24-hours after administration						
(2) Documents the following information:						
a. Type of Vaccine						
b. Date						

Required Competency or Skill	*Self- Assessment	Orientation (Preceptor Date & Initials)		Validation of Competency			
				+Evaluation Method	Date	Initials	Comments
G. Immunization Recordkeeping							
c. Route, anatomic site							
d. Dose							
e. Lot number							
f. Vaccine information sheet (VIS) date							
g. Manufacturer							
h. Name/signature of vaccinator							
(3) Documents immunizations using the following forms:							
a. CDC Form 731							
b. DD Form 2766C							
c. SF 600/601							
(4) Provides documentation of immunization to the patient							
H. Provides post-vaccination instructions							
(1) Instructs patient to remain in the clinic for 15 minutes after vaccination for monitoring of possible adverse events							
(2) Reemphasizes potential expected and unexpected side effects							
I. Demonstrates ability to recognize signs and symptoms of a patient experiencing a vasovagal reaction and responds							
(1) Verbalizes signs and symptoms of a vasovagal reaction							
(2) Positions patient in the supine position on litter/floor, loosens tight clothing, elevates legs, and maintains airway							
(3) Monitors/documents vital signs, assesses breathing, and							
(4) Calls EMS if patient does not respond							
J. Demonstrates ability to recognize signs and symptoms of a patient experiencing an anaphylactic reaction and responds appropriately							
(1) Verbalizes understanding of the standing order for the medical management of vaccine adverse							
(2) Positions patient in the supine position on litter/floor							
(3) Calls for EMS and administers epinephrine and/or other medications per protocol							
(4) Monitors/documents vital signs, assesses breathing, and documents administered medications							
(5) Initiates CPR if necessary and maintains airway							
K. Properly documents adverse event							
(1) Enters temporary medical exemption in Service ITS							
(2) Documents incident in AHLTA							
(3) Completes and submits a VAERS form							

Preceptor's Initials	Printed Name	Signature

I understand the topics listed, I will be allowed to perform only these within my scope of practice, and only after I have successfully demonstrated competency.

Trainee Signature: **Date:**

Suggested Supplies for Off-site Influenza Clinic

Vaccine *

- ☐ Fluarix ☐ Afluria
- ☐ Fluzone ☐ FluLaval

Package Inserts

- ☐ Fluarix ☐ Afluria
- ☐ Fluzone ☐ FluLaval

Vaccine Information Statements (VIS) *

(Handouts, poster, or digital version for download to mobile device at www.cdc.gov/vaccines/hcp/vis/index.html

- ☐ Inactivated, Injectable Influenza Vaccine (IIV)
- ☐ Live, Intranasal Influenza Vaccine (LAIV4)

Vaccine Supplies

- ☐ Sharps containers for each immunization station
- ☐ 3cc syringes
- ☐ 22-25g needles
  - ☐ ⅝", ☐ 1", ☐ 1½", ☐ 2"
- ☐ Gloves (various sizes)
- ☐ Alcohol wipes
- ☐ Band-Aids
- ☐ Hand sanitizer for each station
- ☐ Gauze pads
- ☐ Oral thermometer/ probe covers
- ☐ Chux pads / disposable towel
- ☐ Paper towels
- ☐ Bleach solution in spray bottle
- ☐ Trash bags / red hazardous waste bags

Cold Chain Management Items

- ☐ Temperature logs for each storage device
- ☐ Certified calibrated thermometers for each storage device (check and record temperatures a minimum of every hour)
- ☐ Validated storage containers
  - ☐ 2" thick Styrofoam coolers
  - ☐ Vaccine manufacturer shipping containers
  - ☐ AX27L (VaxiCool) ☐ PX6L (AcuTemp)
- ☐ Vaccine packing materials (i.e., gel packs, insulating barrier (card board, crumbled paper)
- ☐ Storage, packing, and transportation protocols

*** Always check the expiration dates of all vaccines, medications, and medical supplies before using. Keep vaccine in original packaging. Be sure to check that you have the most current versions of the VISs.**

Emergency Kit *

- ☐ Standing order for medical emergencies
- ☐ 4 Aqueous epinephrine USP (1:1000), in ampoules, vials of solution, or prefilled syringes (including Epi-Pens)
- ☐ Diphenhydramine (Benadryl) injectable (50 mg/mL solution) and oral in 25 or 50 mg tablets
- ☐ 1-3cc syringes with needles for epinephrine or Benadryl
- ☐ Adult airways (various sizes) ☐ Pediatric airways
- ☐ BP cuff and stethoscope
- ☐ Pocket masks (adult / pediatric)
- ☐ Tongue depressors
- ☐ Flashlight with extra batteries
- ☐ Clock
- ☐ Tourniquet
- ☐ Ability to contact EMS (i.e., cell phone, radio/brick, etc.)
- ☐ O2 tank with supplies
- ☐ Gurney/ Stretcher with linen

Forms, Materials, and Equipment

- ☐ Immunization clinic standing orders
- ☐ Recommended Adult Influenza Screening Questions
- ☐ Recommended Pediatric Influenza Screening Questions
- ☐ Sign-in sheets
- ☐ Vaccination administration records / wallet document card
- ☐ Follow-up appointment cards
- ☐ Vaccine Adverse Events Reporting (VAERS) forms
- ☐ Signage for each station (arrows, enter/exit, station#, pregnancy, etc.)
- ☐ Computers for immunization tracking system data entry
- ☐ Power cords / Power strips

Immunization References

- ☐ Joint Immunization and Chemoprophylaxis Regulation
- ☐ DHA Immunization Healthcare Branch Immunization Toolkit
- ☐ ACIP MMWR; Prevention and Control of Influenza with Vaccines
- ☐ List of POC phone #s (i.e., clinic, 24/7 DHA Immunization Healthcare Support Center (877) GET-VACC, other referral sources

Miscellaneous Office Supplies

- ☐ Pens, black and red ☐ Stapler/staples
- ☐ Scissors ☐ Pad of paper
- ☐ Rubber bands ☐ Tape/Duct Tape
- ☐ Paper Clips

2016-17 Pediatric Influenza 2nd Dose Reminder Card

In hopes of making it easier to remind your patients of their upcoming 2nd pediatric influenza immunization, below we have provided a pre-designed reminder card. Fill them in with your facilities information and print! See directions below.

Printing Directions:

1. Purchase the Avery Business Card, 10 per sheet
#15871, 15871, 18871, 18871, 27871, 27871, 27881, 27881, 27882, 27882, 27883, 27883, 28371, 28371, 28865, 28865, 8376, 8377, 8377, 8471, 8471, 8476, 8476, 8571, 8571, 8865, 8865, 8870, 8870, 8871, 8871, 8873, 8873, 8875, 8875, 8876, 8876, 8877, 8877.

2. On your computer open the card template document. Edit template as needed to reflect your organization.

3. Open the box of Avery business cards and place the sheet into the printer as directed in the Avery business card package.

4. Press print on your computer.

EXAMPLE:

Has your child received their **2nd** dose of flu vaccine?

Name: Timmy Smith

Appointment Date: 08/29/2016

Time: 10:00 am/pm

Clinic: Blue Team Family Clinic

Phone: 703-222-2222

Has your child received their **2nd** dose of flu vaccine?
Name: _____

Appointment Date:_____/____/_____

Time:_____:____am/pm

Clinic: _____

Phone:_____

Has your child received their **2nd** dose of flu vaccine?
Name: _____

Appointment Date:_____/____/_____

Time:_____:____am/pm

Clinic: _____

Phone: _____

Has your child received their **2nd** dose of flu vaccine?
Name: _____

Appointment Date:_____/____/_

Time:_____:____am/pm

Clinic: _____

Phone:_____

Has your child received their **2nd** dose of flu vaccine?
Name: _____

Appointment Date:_____/____/_____

Time:_____:____am/pm

Clinic: _____

Phone: _____

Has your child received their **2nd** dose of flu vaccine?
Name: _____

Appointment Date:_____/____/_

Time:_____:____am/pm

Clinic: _____

Phone: _____

Has your child received their **2nd** dose of flu vaccine?
Name:

Appointment Date: / /_____

Time: :____am/pm

Clinic:

Phone:

Has your child received their **2nd** dose of flu vaccine?
Name: _____

Appointment Date:_____/____/_

Time:_____:____am/pm

Clinic: _____

Phone:_____

Has your child received their **2nd** dose of flu vaccine?
Name: _____

Appointment Date:_____/____/_____

Time:_____:____am/pm

Clinic: _____

Phone: _____

Has your child received their **2nd** dose of flu vaccine?
Name: _____

Appointment Date:_____/____/_____

Time:_____:____am/pm

Clinic: _____

Phone: _____

Has your child received their **2nd** dose of flu vaccine?
Name:

Appointment Date:_____/____/_____

Time: :____am/pm

Clinic:

Phone:

2016-2017 Influenza Vaccination Documentation Wallet Card

In hopes of making it easier to provide your patients documentation of their influenza immunization, below we have provided a pre-designed documentation card. Fill in the card with your facilities information and print! See directions below.

Printing Directions:

1. Purchase the Avery Business Card, 10 per sheet

#15871, 15871, 18871, 18871, 27871, 27871, 27881, 27881, 27882, 27882, 27883, 27883, 28371, 28371, 28865, 28865, 8376, 8377, 8377, 8471, 8471, 8476, 8476, 8571, 8571, 8865, 8865, 8870, 8870, 8871, 8871, 8873, 8873, 8875, 8875, 8876, 8876, 8877, 8877

2. On your computer open the card template document. Edit template as needed to reflect your organization.

3. Open the box of Avery business cards and place the sheet into the printer as directed in the Avery business card package.

4. Press print on your computer.

2016-2017 Seasonal Influenza Vaccine Documentation Card

Name:____________________ Date:__________

Location: ________________________________

Circle one: Fluzone-IIV4 (0.25mL); Fluarix-IIV4 (0.5mL) FluLaval-IIV4 (0.5mL); Afluria-IIV3 (0.5mL);

Lot #____________________________________

Anatomic Site (circle one): LA RA

Vaccinator Name:_________________________

2016-2017 Seasonal Influenza Vaccine Documentation Card

Name:____________________ Date:__________

Location: ________________________________

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